MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/914422 **FILING DATE**

APPLICANT(S)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1				1	
2		1				1
3		1				1
4		1				1
5		1				1
6		1				1
7		1				1
8		1				1
9		1				1
10		1				1
11		1				1
12		1				1
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47						
48						
49						
50						
TOTAL IND.	1				1	
TOTAL DEP.		13				13
TOTAL CLAIMS	14				14	

CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS